



2003 MUSKEGON M-1040EZ

INDIVIDUAL INCOME TAX RETURN – DUE DATE APRIL 30, 2004

REFER TO INSTRUCTIONS ON BACK TO SEE WHO CAN USE THIS FORM

USE THE MUSKEGON MAILING LABEL OTHERWISE PLEASE PRINT	YOUR FIRST NAME AND MIDDLE INITIAL		LAST NAME		YOUR SOCIAL SECURITY NUMBER				
	IF JOINT, SPOUSE'S FIRST NAME AND MIDDLE INITIAL		LAST NAME		YOUR SPOUSE'S SOCIAL SECURITY NUMBER				
	HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)				YOUR PHONE NUMBER				
	CITY, TOWN, OR POST OFFICE			STATE		ZIP CODE			
SEE INSTRUCTIONS ON BACK	<input type="checkbox"/> Check box if this is the first time you filed a Muskegon return.	<input type="checkbox"/> Check box if your address has changed since filing your 2002 return.	<input type="checkbox"/> Check box if you do not need a return form mailed to you next year.	RESIDENCY STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT		MARRIED FILING SEPARATELY SPOUSE'S NAME SSN			
INCOME ATTACH COPY 2 OF YOUR W-2 FORM(S) HERE	1. Total wages, salaries, and tips. (See instructions on back.) RESIDENTS: Total from Box 1 of all your W-2 forms. NON-RESIDENTS: Total from Box 1 of the W-2 forms for work done in the City of Muskegon. Attach your W-2 form(s).				1. <input type="text"/> , <input type="text"/> . 0 0				
	2. Interest income. (See instructions on back.) RESIDENTS: Report all taxable interest income. NON-RESIDENTS: Leave blank.				2. <input type="text"/> , <input type="text"/> . 0 0				
	3. Dividend income. (See instructions on back.) RESIDENTS: Report all dividend income. NON-RESIDENTS: Leave blank.				3. <input type="text"/> , <input type="text"/> . 0 0				
	4. Add lines 1, 2 and 3. This is your total Muskegon income.				4. <input type="text"/> , <input type="text"/> . 0 0				
EXEMPTION AMOUNT	5. Enter amount from Exemptions Worksheet on back; or if SINGLE enter \$600.00; or if MARRIED filing jointly enter \$1,200.00.				5. <input type="text"/> , <input type="text"/> . 0 0				
TAXABLE INCOME	6. Subtract line 5 from line 4. This is your taxable income.				6. <input type="text"/> , <input type="text"/> . 0 0				
TAX	7. RESIDENTS: Multiply line 6 by one percent (.01). NON-RESIDENTS: Multiply line 6 by one-half of one percent (.005).				7. <input type="text"/> , <input type="text"/> . 0 0				
PAYMENTS AND CREDITS	8. Total Muskegon tax withheld by employers (attach W-2 forms showing Muskegon withheld)				8. <input type="text"/> , <input type="text"/> . 0 0				
	9. Payments on 2003 Declaration of Muskegon Estimated Income Tax.				9. <input type="text"/> , <input type="text"/> . 0 0				
	10. Credit for income tax paid to another Michigan city (RESIDENTS ONLY). (Attach copy of other city's return.) USE CITY CREDIT WORKSHEET.				10. <input type="text"/> , <input type="text"/> . 0 0				
TOTAL	11. Add lines 8, 9 and 10 and enter here.				11. <input type="text"/> , <input type="text"/> . 0 0				
TAX DUE	12. If line 7 is larger than line 11, subtract line 11 from line 7. This is the amount you owe. Please attach your payment. Make check payable to: City of Muskegon.				12. <input type="text"/> , <input type="text"/> . 0 0				
REFUNDS AND CREDITS	13. If line 11 is larger than line 7, subtract line 7 from line 11. This is your refund. Allow at least 45 days.				13. <input type="text"/> , <input type="text"/> . 0 0				
	14. <input type="checkbox"/> Check this box to DONATE your refund to the Veterans' Memorial Park Fund.				14. <input type="text"/> , <input type="text"/> . 0 0				
	15. <input type="checkbox"/> Check this box to credit this refund to the 2004 estimated tax liability.				15. <input type="text"/> , <input type="text"/> . 0 0				
I have read this return. Under the penalties of perjury, I declare that to the best of my knowledge and belief the return is true, correct and accurately lists all amounts and sources of Muskegon income I received during the tax year.					For City of Muskegon use. Please do not write in box.				
Mail return to: Income Tax Department, P.O. Box 29, Muskegon, MI 49443-0029.									
YOUR SIGNATURE		DATE		SPOUSE'S SIGNATURE (IF JOINT RETURN)			DATE		
PLEASE SIGN HERE								Machine Certification	
KEEP A COPY OF THIS FOR YOUR RECORDS.									

2003 INSTRUCTIONS FOR FORM M-1040EZ

WHO CAN USE THIS FORM

USE THIS FORM IF:

You were a resident of Muskegon for all of 2003 with income from wages, interest or dividends with none of the income being excludable from Muskegon income tax and the tax payments are Muskegon tax withheld, estimated tax payments and credit for income tax paid to another Michigan city; or

You were a non-resident of Muskegon for all of 2003 with wages earned in Muskegon and none of the earnings from Muskegon employers is excludable from Muskegon income tax.

YOU CANNOT USE THIS FORM IF:

You received alimony payments, had Muskegon business income (Sch C), sold or exchanged property (Sch D or 4797), had taxable IRA distributions, taxable pension/annuity distributions, supplemental income (Sch E or F), miscellaneous income, exclusions or adjustments.

YOUR RETURN

Because this form is designed to be read by a machine, please print your numbers inside the boxes like this:

1	2	3	4	5	0	0
---	---	---	---	---	---	---

Do not type your numbers. Do not use dollar signs.

NAME AND SOCIAL SECURITY NUMBER

Fill in your first name, middle initial, last name and social security number. If a joint return, also fill in your spouse's first name, middle initial, last name and social security number.

FIRST RETURN

Check the first return box if this is the first time you filed a Muskegon income tax return.

ADDRESS CHANGE

Check the address change box if your address had changed since filing your 2002 Muskegon income tax return.

RESIDENCY STATUS

Check the resident or non-resident box under Residency Status. **A part year resident of Muskegon cannot use this form.**

MARRIED FILING SEPARATELY

If married and filing separately, enter spouse's name and social security number in Married Filing Separately box.

INCOME

If you have income on your federal income tax return that is not taxable by Muskegon, use Form M-1040.

LINE 1. TOTAL WAGES, SALARIES AND TIPS

Residents and non-residents enter the amount of wages reported on your Federal Return.

LINE 2. INTEREST INCOME

Residents enter the amount of taxable interest income reported on your Federal Return.

Non-residents enter zero. Interest income is not taxable to a non-resident.

LINE 3. DIVIDEND INCOME

Residents enter the amount of dividend income reported on your Federal Return.

Non-residents enter zero. Dividend income is not taxable to a non-resident.

LINE 4. TOTAL MUSKEGON INCOME

Enter the total of lines 1, 2 and 3.

PAYMENTS AND CREDITS

LINE 9.

Residents and non-residents enter the total estimated income tax paid during 2003 including the amount paid with voucher 4 due January 31, 2004.

LINE 10.

Residents may take credit for income tax paid to another Michigan city. The credit is limited to the Muskegon non-resident rate of 0.5% (.005) and the Muskegon exemption of \$600.00 per person. (Refer to Worksheet on the back of M-1040TC)

OVERPAYMENTS

LINE 13, 14, and 15. OVERPAYMENTS

Overpayments of less than one dollar (\$1.00) will not be refunded and cannot be donated. All other overpayments will be refunded or may be donated to the Veterans' Memorial Park Fund, or Credited to the 2004 estimated tax liability. To donate the overpayment, check the donation box on line 14 and enter the overpayment. To claim a refund, enter the overpayment on line 13. Enter the overpayment on line 15 if you want it credited to your 2004 estimated tax liability.

EXEMPTION AMOUNT

LINE 5. EXEMPTION AMOUNT

Complete worksheet below and enter the total from box 5a on page 1, line 5.

EXEMPTIONS WORKSHEET

1. CHECK BOXES THAT APPLY	REGULAR	65 AND OVER	BLIND	DEAF	PARAPLEGIC, QUADRIPLEGIC, HEMIPLEGIC OR TOTALLY AND PERMANENTLY DISABLED	1A. NUMBER OF BOXES CHECKED
YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. LIST FIRST NAMES OF DEPENDENT CHILDREN WHO LIVED WITH YOU						2A. NUMBER OF CHILDREN LISTED
3. OTHER DEPENDENTS (LIST AND EXPLAIN)						3A. NUMBER OF OTHER DEPENDENTS
4. TOTAL NUMBER OF DEPENDENCY EXEMPTIONS (ADD BOXES 1A, 2A AND 3A. AND ENTER THE TOTAL IN BOX 4A.						4A. TOTAL NUMBER OF EXEMPTIONS
5. MULTIPLY TOTAL NUMBER OF EXEMPTIONS IN BOX 4A BY \$600.00 AND ENTER THE TOTAL IN BOX 5A AND ON PAGE 1, LINE 5.						5A. EXEMPTION AMOUNT

LINES 6 THROUGH 15

Follow the instructions on the front of this form for each separate line.

Thank You